

Work Order ID 121035

June-16-14 1:16:46 PM

\*121035\*

Page 1

Item ID: D3436-043

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Step LH

Stop

\*NS2\*

Start Date: 6/16/14 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/16/14 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 14-06-17

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3436	Rev A								14-09-10 JBC

100

\*100\*

Large Fab

0.00

2

Large Fab

Memo

0.00

Weld bushings D3436-5 and clamp D3436-1 using welding Jig DT8772 and

Dwg D3436Dwg Rev: \_\_\_\_\_ Qty Part Number Description

BatchA/RN/A 4130 Welding Rod 127925 Weld

left step D3436-7 using welding Jig DT

110

\*110\*

BAND SAW

0.00

2

14-09-10

Bandsaw

Memo

0.00

Jeaspa Bandsaw

1- Slit part D3436-041 on bandsaw as per Dwg D3436

2- deburr

JBC

120

\*120\*

QC9- Inspect visual per QSI004- Fusion Welds

0.00

QC

Memo

0.00

Quality Control

SEP 10 2014

DAS  
24  
9-09

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Date:



## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

## Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend	Folio/Program	Outside Dimensions	Pressure/Forced							
Centre Not Concentric	BOM/Route	Grain	Over/Under tolerance	Set-up							
Cracks	Broken/Damage/Defect	Hardware	Part Incorrect	Temperature/Cure							
Crimp/Kink/Ripple/Wave	Burrs	Inspection Incomplete/Unqualified	Part Lost/Missing	Weld							
Cuffs	Contamination	Instructions Incomplete/Unclear	Part Moved	Wrong Stock Pulled							
Crushing	Countersink	Misaligned/off center	Positioned Wrong								
Heat Treat	Cut Too Short	Mislabeled	Power Loss/Surge								
Inspection Strip in Tube	Drawing	Misread									
Marks/Chatter	Drill Holes	Off-set									
Turning Sequence	Finish	Out of Calibration									
Wave/Twist in Tube	Fit/Function	Out of Sequence									

Work Order ID 121035

June-16-14 1:16:46 PM

\*121035\*

Page 2

Item ID: D3436-043

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Step LH

Stop

\*NS2\*

Start Date: 6/16/14 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/16/14 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_ Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC5- Inspect part completeness to step on W/O

0.00

\*130\*

QC

Quality Control

2 SEP 10 2014 24

DAS  
9-89

140

White Gloss(Ref:4.3.5.2) per QSI005 4.3-Steel

0.00

\*140\*

Powdercoat

Powder Coating

Memo

0.00

Apply black anti-shed paint as per Dwg D3436 and QSI 005 4.4

START TIME: 9:55

OVEN TEMPERATURE: 1000

FINISH TIME: 10:25

2 4 14-9-12 DAS 34 9-89

145

Wing Walk as per dwg QSI005 4.4 Batch 1111240017

0.00

\*145\*

HandFinish

Hand Finishing

Memo

Wing walk B 111240017

x21+1 4 111240015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**Work Order update only 

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

**FAULT CATEGORY**

Landing Gear	<b>General</b>			
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread	<input type="checkbox"/> Other
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set	
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration	
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence	

**Work Order ID 121035**

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Page 3

**Item ID:** D3436-043

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

**Revision ID:**

**Item Name:** Step LH

Stop

**\*NS2\***

**Start Date:** 6/16/14    **Start Qty:** 2.00

**\*2\***

**Cust Item ID:**

**Required Date:** 6/16/14    **Req'd Qty:** 2.00

**\*2\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tooling:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Run Start

**\*NR1\***

**QC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SPC (Y/N):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

150

QC3- Inspect Part Finish

0.00

**\*150\***

QC

Quality Control

2

14/09/15

155

0.00

**\*155\***

Small Fab

Small Fab

Memo

0.00

Bond D3436-9 pads as per dwg and QSI 015

2

14/09/15

160

QC5- Inspect part completeness to step on W/O

0.00

**\*160\***

QC

Quality Control

Memo

0.00

DAS  
38  
9-89 14-9-16

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____			<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>		
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>		Prod. Eng. Coor. <input type="checkbox"/>		Quality <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>		
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function							
				<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence							
				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Work Order ID 121035

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Page 4

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Item ID: D3436-043

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Step LH

Stop

\*NS2\*

Start Date: 6/16/14 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/16/14 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

170

Identify as per dwg & Stock Location: PP120962 0.00

\*170\*

Packaging

Packaging

180

QC21- Final Inspection - Work Order Release

0.00

2 7/14/16

\*180\*

QC

Quality Control

14/9/17 JH

JH 4-9-16

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**Work Order update only 

Work Order: _____	<b>DISPOSITION</b>	<b>AGAINST DEPARTMENT/PROCESS</b>							
Part No. _____	Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
NCR No. _____									

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b>	<b>General</b>									
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up					
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure					
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld					
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled					
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other					
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge						
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread							
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set							
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration							
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence							

**Picklist Print**

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Page 1

Work Order ID: 121035

**\*121035\***

Parent Item: D3436-043

**\*D3436-043\***

Parent Item Name: Step LH

Start Date: 6/16/14

Required Date: 6/16/14

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP .A 05.05.11 New Issue KJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D3436-1 Manufactured No 100 Each 32.0000 1 2 \*\*

**\*D3436-1\***

Clamp

Location	Loc Qty	Loc Code
WA002 (96663)	32	12
	32	

D3436-3 Manufactured No 100 Each 6.0000 1 2 \*\*

**\*D3436-3\***

Left Step

Location	Loc Qty	Loc Code
WA002 (95781)	6	2
	6	

D3436-5 Manufactured No 100 Each 37.0000 4 8 \*\*

**\*D3436-5\***

Bushing

Location	Loc Qty	Loc Code
WA002 (105968)	37	9
(110527)	12	
97483	21	
	4	

D3436-7 Manufactured No 160 Each 16.0000 1 2 \*\*

**\*D3436-7\***

Cap

Location	Loc Qty	Loc Code
WA002 (95795)	16	2
	16	

DQA:

Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

<p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p>	<b>DISPOSITION</b> <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved	<b>AGAINST DEPARTMENT/PROCESS</b> <input type="checkbox"/> Skid-tube <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other
---	--	---

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure Weld <input type="checkbox"/> Wrong Stock Pulled

**Picklist Print**

Page 2

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Work Order ID: 121035

**\*121035\***

Parent Item: D3436-043

**\*D3436-043\***

Parent Item Name: Step LH

Start Date: 6/16/14

Required Date: 6/16/14

Start Qty: 2.00

Required Qty: 2.00

D3436-9

Manufactured No

100

Each

17.0000

2

4

\*\*

DAS  
36  
9.89**\*D3436-9\***

Pad

14/09/15

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
GA	1	
97337	1	
ST042	16	
105682	16	

B109637

4A

DQA:

Date: \_\_\_\_\_



QA Closed:

Date: \_\_\_\_\_

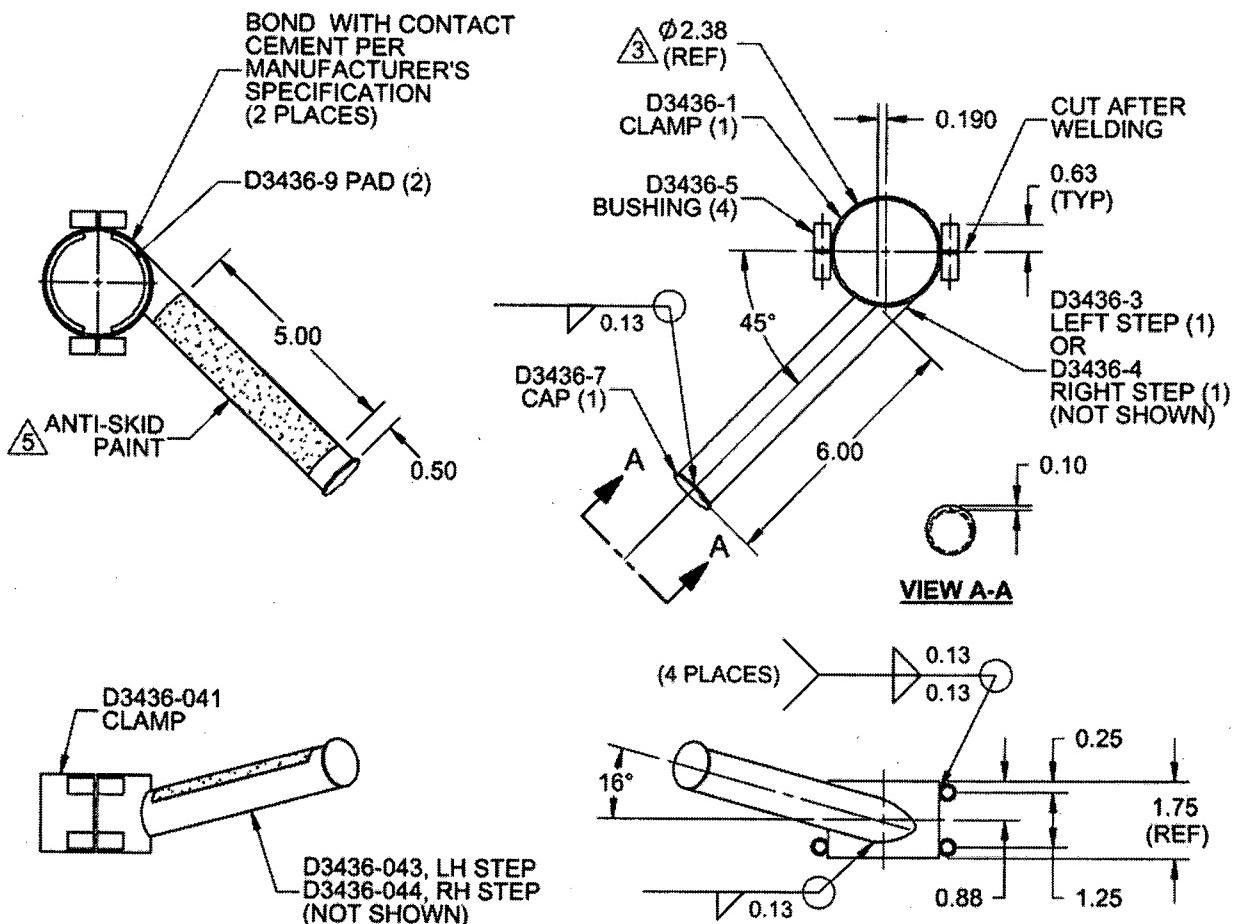
## WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>						
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design										
Doc/Data										
Equip/Tooling										
Handling/Pre										
Material										
Operator										
Offset/Setup										
Process										
Supplier										
Training										
Transport										
Unapproved										
<b>FAULT CATEGORY</b>										
Landing Gear	Bending		General		Folio/Program		Outside Dimensions		Pressure/Forced	
			Bend		Grain					
			BOM/Route		Hardware					
			Broken/Damage/Defect		Inspection Incomplete/Unqualified					
			Burr		Instructions Incomplete/Unclear					
			Contamination		Misaligned/off center					
			Countersink		Mislabeled					
			Cut Too Short		Misread					
			Drawing		Off-set					
			Drill Holes		Out of Calibration					
			Finish		Out of Sequence					
			Fit/Function							

**DART**

DESIGN MB	DRAWN BY MB	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3436	REV. A	SHEET 1 OF 4
DATE 05.04.28		TITLE MAINTENANCE STEP	SCALE 1:4	
A	05.04.28	NEW ISSUE		

**WELDING****RELEASED**05.05.27 *[Signature]*

UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 121035 MC  
1406-17

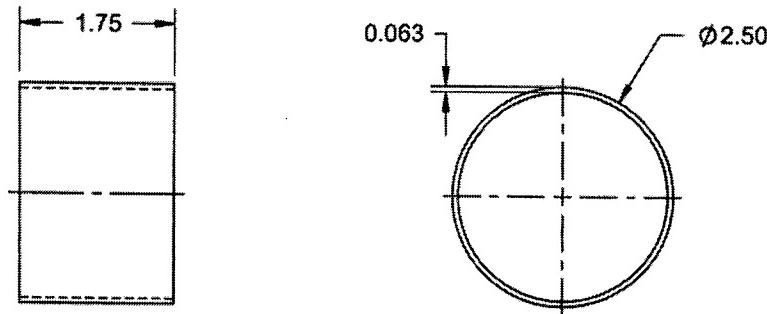
**NOTES:**

- 1) POSITION PARTS AS PER JIGS DT8772 AND DT8773
- 2) WELD PER DART QSI 004
- 3) FILLET BOTH TOP AND BOTTOM EDGES OF CLAMP ALONG 2.38 I.D. SECTION TO 0.03 RADIUS TO PREVENT SCORING AND SCRATCHING OF SKID CROSS TUBE
- 4) FINISH: POWDER COAT WHITE GLOSS (4.3.5.2) PER DART QSI 005 4.3
- 5) APPLY BLACK ANTI-SKID PAINT AS SHOWN PER DART QSI 005 4.4
- 6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 7) ALL DIMENSIONS ARE IN INCHES

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**DART**

DESIGN MB	DRAWN BY MB	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. <b>D3436</b>	REV. A SHEET 2 OF 4
DATE 05.04.28	TITLE <b>MAINTENANCE STEP</b>	SCALE 1:2	

**D3436-1 CLAMP**

- 1) MATERIAL: AISI 4130N STEEL TUBING PER MIL-T-6736, AMS 6371, 6360, 6361, 6362, 6373 OR 6374 (REF. DART SPEC. M4130N-T2500W063)

**D3436-5 BUSHING**

- 2) MATERIAL: AISI 4130N STEEL TUBING PER MIL-T-6736, AMS 6371, 6360, 6361, 6362, 6373 OR 6374 (REF. DART SPEC. M4130N-T0375W049)

**RELEASED**05-05-27 *[initials]***D3436-1 / -5, GENERAL NOTES:**

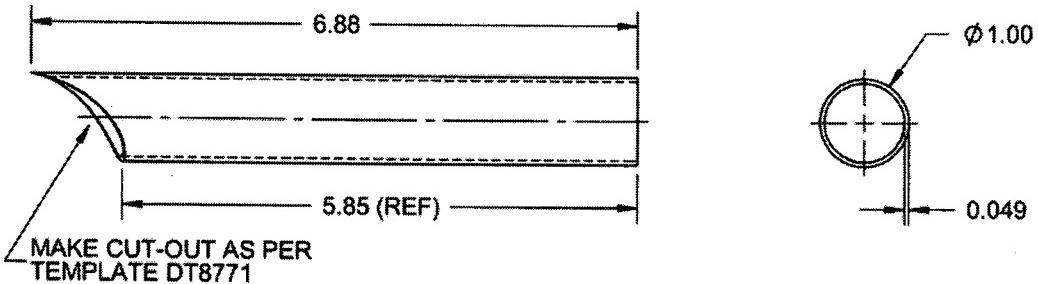
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.010

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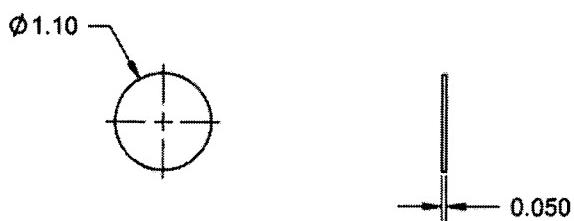
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DESIGN MB	DRAWN BY MB	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D3436	REV. A SHEET 3 OF 4
DATE 05.04.28	TITLE MAINTENANCE STEP	SCALE 1:12	

**D3436-3 LEFT STEP**

(D3436-4 RIGHT STEP - OPPOSITE, NOT SHOWN)

- 1) MATERIAL: AISI 4130N STEEL TUBING PER MIL-T-6736, AMS 6371, 6360, 6361, 6362, 6373 OR 6374 (REF. DART SPEC. M4130N-T1000W049)

**D3436-7 CAP**

- 2) MATERIAL: AISI 4130N STEEL SHEET PER MIL-S-18729, AMS6350 OR AMS 6351 (REF. DART SPEC. M4130N-S050)

**RELEASED**05-05-27 *[initials]***D3436-3/-7, GENERAL NOTES:**

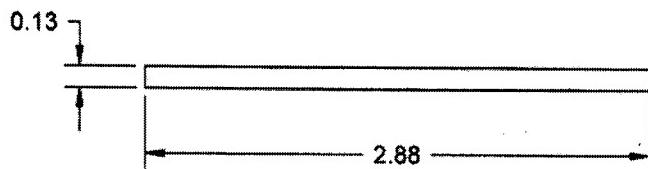
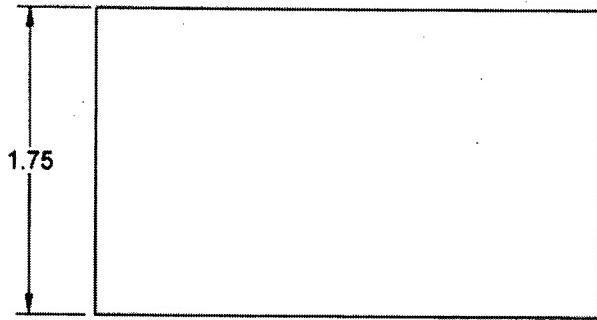
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.010

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CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. <b>D3436</b>	REV. A SHEET 4 OF 4
DATE 05.04.28	TITLE <b>MAINTENANCE STEP</b>	SCALE 1:1	

**RELEASED**05-05-27 *[initials]***D3436-9 PAD****NOTES:**

- 1) MATERIAL: 60 DUROMETER NEOPRENE SHEET, 1/8" THICK  
(REF. DART SPEC. M-NEO60-S.125)
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES

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